

<p style="text-align: center;">Regulation & Policy/Resource Management/Communications EMSSTAR Workgroup – Meeting Notes</p>

June 16th, 2005, 9:00 – 11:30 am
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

1. Chief Wayne Werts, EMT-P, Auburn Fire Dept
2. Rob Tarbox, EMT-P, PACE Ambulance
3. David Stuchiner, MD, Auburn
4. Paul Conley, EMT-P, Freeport
5. Bill Dunwoody, EMT-P, Delta Ambulance
6. Carol Pillsbury, EMT-P, NorthStar Ambulance
7. Alan Douglass, RN, EMT-P, Phippsburg Fire Department
8. Jay Brashaw, Maine EMS
9. Tim Beals, Delta Ambulance
10. Ron Jones, Westbrook MES

Not Present:

1. Donnie Carroll, Southern Maine EMS
2. Peter DiPietrantonio, DO, Parkview Hospital
3. Chief Jeff Cammack, Bangor Fire Department
4. Rory Putnam, Falmouth Fire/EMS
5. Joanne LeBrun, Tri County EMS

1. Review/Approval of Notes from 6/1 meeting

- a. 6/1 meeting notes were approved with the following change:
 1. Ground rules #6 should read 2 ½ - 3 hours for meeting timeframes.
- b. After a discussion on the best use of group time and the aggressiveness of meeting twice a month for 2 ½ hours, the group agreed to change the workgroup meeting schedule to a 3 hour meeting, with a break in the middle, once per month. The group reserves the right to meet more frequently if they need
- c. Minutes will be available online following each meeting. They will be marked with a “draft” watermark until the approval of the minutes at the next meeting.
- d. The next meeting is scheduled for July 21, 2005 from 9 am – 12 pm at the Maine Emergency Medical Services Office in Augusta.

2. Discuss Section 4.1 (Regulation/Policy” of EMSSTAR report (narrative sections)

- a. General comments regarding Section 4.1
 - i. Lack of funding limits which recommendations can be achieved
 - ii. The Legislature doesn't recognize the EMS enough to give the funding needed.
 - 1. EMS needs to make it a priority to form a clear, organized effort in order to reach out to the Legislature in order to get the funding needed
 - 2. EMS community needs to be educated and re-educated (due to a high turnover rate in the EMS community) in order to unite and support
 - 3. A show of success may be the best way to gain legislative support
- b. Comments regarding the following language: “Board and MDPB members are not fully oriented to their role and authority, and are not clearly emancipated from the fiscal and political interests of their individual affiliations”
 - i. There is no board training or defined roles and expectations for the MDPB.
 - ii. Feeling that their might be vested interested that come into play with MDPB members are making procedural decisions.
 - iii. The MDPB has complete rule making authority, but no protocols or processes set in place.
 - iv. MDPB members are appointed by the regions and approved by the board
 - v. All the members of the boards are volunteer; it's hard to ask them for more time than they are already giving.
 - vi. Term limits:
 - 1. If a member is doing a good job, should they be removed when just because their term is up and visa versa?
 - 2. Without term limits, there is no way to address if a member is performing a good or bad job. No review system is in place.
- c. Comments regarding the following language: “...the scope of work associated with the state EMS contract does not represent the breadth of actual work managed by the regional councils, listing far fewer responsibilities than area accomplished...the management structure and workflows appear convoluted between state and regional offices.

Mechanisms and procedures within and among regions are not clearly established...”

- i. There is confusion as to what is going on in other regions.
- ii. EMS should be one-stop shopping
- iii. Local regions vs. Centralized system
 - 1. Do away with regional offices and offer testing and classes via community colleges
 - 2. If regions consolidate, local flavor may disappear. The distance from the centralized offices may be negative to those who would rather stay within their region for services
 - 3. 85% of the system are volunteers. Is this a good or bad thing?
 - a. Are commitment levels and the services offered the same as paid EMS staff?
 - b. If they don't want to travel, are they committed enough?
 - 4. Perception is that larger systems use regional offices less and volunteer systems use them more.
- iv. The standard of services is an important issue to address when looking at the regional offices.
- d. Comments regarding the following language: “...the assessment team was very disturbed by the frequency of individuals and agency representatives reporting fear of reprisal, consequences for challenging the status quo, and discriminatory scrutiny by the region for raising these concerns.”
 - i. There were feelings that this was a perception of “a few” – but more than an handful.
 - ii. It's hard to know with no review process in place.
 - iii. Group believes this may be an exaggerated perception; however, there is truth in it that must be addressed.

3. Review/Discuss Individual Recommendations for Section 4.1 (Accept/Reject/Modify then Prioritize)

- a. The group reviewed all 9 EMSSTAR recommendations in section 4.1. They discussed each one and decided to accept; modify; or reject the recommendations. They also assigned a tentative priority (H/M/L) to each one.
- b. After reviewing and discussing the all recommendations for Section 4.1, the group agreed that there needs to be a discussion and analysis about the

actual functionality of the EMS needs to come before the recommendations can be discussed or prioritized.

- c. Discussion and analysis of core EMS functionality and service delivery mechanisms will determine the structure of the entire EMS system.
- d. The group will start with identifying the core functions/services that need to be provided, then decide how and who will provide those services.
- e. This “starting fresh” approach will help the group with prioritizing the recommendations (or modifying the recommendations)
- f. Consensus on the core functions will be discussed at the next meeting. Group members are to email the consultant with the core functions as they see it for the next meeting.
- g. It was also mentioned that none of the other workgroups meeting, should assume that what is currently in place in the statewide EMS system will be in place in the future.
- h. In order to keep on task, representatives from each workgroup should meet to clarify progress and coordinate findings/objective among the 4 Workgroups.

4. Next Meeting:

a. Assignments:

- i. Each person in the group is to email Alan Hinsey with their identified EMS core functions.
- ii. Alan will design a grid of these functions for discussion next meeting

b. Housekeeping

- i. Hands should be raised to avoid talking over others
- ii. Be mindful to not duplicate points already made by others

c. Agenda for next meeting

- i. Discussion of identified functions in order to decide a structure for the EMS system and review the recommendations in Section 4.1 to decide how to accomplish those recommendations.

d. Next Meeting:

- i. July 21st from 9 am – 12 pm at the Maine Emergency Medical Services Office in Augusta.